



Participation Agreement¹

Name: _____
Address: _____
Telephone No: _____
Email: _____
Name of Club: _____

What is your status or affiliation² with The Johns Hopkins University Applied Physics Laboratory (APL)? **<Insert your answer here.>**

I am participating voluntarily in the aforementioned club sponsored by APL, and I am fully aware that this club and its activities may involve inherent risk of serious injury, death or damage to property. By participating in this club and its athletic activities, I expressly assume any and all risks of injury or loss. Further, I agree to indemnify and hold The Johns Hopkins University, APL, and their officials, directors, employees and agents harmless from and against all claims including attorneys' fees and defense costs. This specifically includes claims for any injury, loss or damage suffered during or in connection with this club and all its activities whether or not such claim, injury or loss resulted, directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of The Johns Hopkins University or APL.

Signature of Participant

Date

¹ This form is required for all current or prospective members of any APL athletic club. Additionally, individuals who are not members but wish to participate in athletic activities sponsored by an APL club must also complete this form.

² For example: APL Employee, Leased Worker, APL Federal Credit Union employee, Retiree, Family Member of APL Employee, cafeteria worker, on-site non-employee from sponsor agency/organization.

(Participation Form should be held/maintained by each respective club.)